

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

APPLICANT(S)

12/2/05

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				2		
5				1		
6				1		
7				1		
8				1		
9				1		
10				1		
11				1		
12				1		
13				1		
14				2		
15				1		
16				1		
17				1		
18				1		
19				1		
20				1		
21				1		
22				2		
23						
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47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55			1			
56						
57						
58						
59						
60						
61						
62						
63				1		
64				2		
65				1		
66						
67			1			
68				1		
69				1		
70				3		
71				3		
72				3		
73				3		
74				3		
75				3		
76				3		
77				3		
78			1			
79				1		
80				3		
81				①		
82				3		
83				3		
84				3		
85				3		
86				3		
87				3		
88				3		
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			4			
TOTAL DEP.						